THE

MEDICAL AND SURGICAL REPORTER.

No. 988.] PHILADELPHIA, FEB. 5, 1876. [Vol. XXXIV.—No. 6.

Original Department.

Communications.

NOTES ON HEADACHE.

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Of Philadelphia.

(*Continued from p. 278, vol. xxxii.*)

Since writing first on headaches in this journal, I have received a large number of letters from physicians, asking for information on points which I have but merely alluded to, or in corroboration of my statements. I think it well, therefore, to state, when continuing these notes, that they are merely what I described them as being, clinical sketches, outlines and hints, rather than full descriptions.

Headaches of Anæmia.

While considering the subject of headaches, I find on my note-books many which seem to be due to the condition we know as anæmia. Of course, anæmia is apt to make fertile ground for the increase or the production of hemicrania in its varied forms; but, apart from these, I meet with cases, especially in women, where the head pain is distinctly anæmic in its parentage. I am not always sure that in these the immediate cause is local defect of blood-supply, as the term anæmic headache might lead the reader to suppose, because such people are singularly prone to congestive troubles; but on the immediate conditions which give rise to or are associated with head pain, as with other pains, it is not always easy to theorize to any advantage; while, on the other hand, it is often easy, and for treatment, essential, to get our minds clear as to the remoter causes of cephalalgia. The true anæmic headache is not a steady pain. It comes anywhere in the head, most often at the vertex or over the eyes, and comes and goes, being apt to arise on exertion of either mind or body, but more often causelessly. Naturally enough, such headaches in anæmic women come on especially at the close of each menstrual flow, and are bettered by any agent which lessens that loss. I can recall, as can most physicians, I suspect, many such cases.

I remember one, especially, because of the long continuance of the headache. Miss B., aged twenty-two, was subject to enormous menstrual losses, which were treated with varying success, but without the discovery of any organic cause to which they could be referred. By degrees she began to have headaches, which were occasional and irregular, but never absent one day. The menstrual flow left her always with a fierce headache of the whole head, which persisted for several days. By putting her in bed for ten days, at each period, and by feeding her then without reference to her appetite, I succeeded in greatly lessening the flow and in relieving the headache. She believed herself unable to take iron, but by concealing the pyrophosphate in malt and food she took it well, in the large doses which I am fond of using. As her anæmia lessened, so did also the flow of blood, and, by the means I have spoken of, she was at last restored to full health again, losing her headaches on the way. Similar headaches are not infrequent from the excessive bleeding of piles. I have also seen headaches which were due to the anæmia of splenic enlargements, the result of malaria. Probably these may be not unfamiliar in the South. Sometimes, when the malaria has ceased to show as ague, the enlarged spleen, if not very obvious, may remain an unsuspected cause of anæmia.

Miss C. L., aged thirty-three, lived in the South many years, and had repeated agues, but since her residence here had long ceased to be annoyed by them. She had noticed, however, that her well-marked anæmic state dated from the last and worst of the malarial attacks, and that soon after she began to have headache, which came and went, and was worst after her menses, and whenever she was tired. She had been treated with many tonics, and, as she said, had been "well ironed," with little good effect.

Upon going over her case with care, I found the spleen notably enlarged. From thence the headaches were treated through the spleen, by quinine and iron, and by the shock of a cold douche, allowed to fall on the region of the spleen. The treatment was long and troublesome, but was in the end successful.

I think it will very often be found that persons who have headache from lack of wholesome blood, may bring on their pains easily by using the brain in any trying work. It is, therefore, necessary to examine and exclude the eyes as a source of the pain, since, as I have tried to show in this journal, eye-strain is a common cause of headache, and in an anæmic person has redoubled power to injure. But even setting this cause aside, we find that mere use of the brain is apt to cause pain, when the organ is badly nourished. Then we see the face flush, the eyes redden, and with the pain comes a sense of fullness, which makes anæmic people feel as if to lose blood would ease them. Probably, as I have said, there is in such cases a temporary local fullness, and I find, at least, that such women easily suffer pain from small doses of nitrite of amyl. Small doses of belladonna, with like amounts of digitalis, are, in these people, useful adjuvants when the head pain itself demands a special treatment. Of course, iron must be the main hope. But iron is sometimes fatal to digestion, is incapable of being borne by others, because of the head symptoms it causes, while in a few persons it seems to have no value. As to this, at least, I am sure that almost all practical men will agree with me, that no amount of iron seems, in certain anæmias, to be of the slightest use. This is partly due to neglect of the causes which contribute to produce this state of anæmia. But supposing that no malarial trouble, no mental or moral strain, no prolonged loss of sleep, are to be met and provided for, as causes, and all of these are in some people sources of anæmia, we shall still have left a proportion of cases which are rebellious to the usual modes of giving iron. Where this is the case, I find that the use of some neutral salt of iron, like the carbonate or lactate, before the meal, and a full dose of muriatic or phosphoric acid after the meal, is often followed by success. Neither in such cases do I give iron in small doses, but gradually rise to very large ones, as twenty to fifty grains a day of carbonate.

And now we come, at last, to the cases of anæmic headache, neuralgic or not, which are said not to bear iron. The true cases are rare. There are enough women who think they cannot take it. With either class good may be done by the iron waters, which are not looked upon as medicine, or by putting in the food some one of the tasteless salts of iron, absolutely cooking with the food a small amount of pyrophosphate, for instance, or pulv. ferri. One other resort is left in the headaches I speak of, and where all else has failed. It is the treatment by rest. As to this, I refer the reader, for general directions, to my Lecture on Rest, in Séguin's series. It means, of course, something more than mere rest in bed, which used alone is tedious, and useless or hurtful; but if you put in bed anæmic persons, and exercise their muscles passively, with shampooing and the induction currents, rest will at once lose its evils and become only helpful. Then, too, iron will be well borne and useful, and by using it with malt extract and cod oil, it is often easy to build up constitutions which have seemed to be hopelessly impaired. With the gain in health, color, and flesh, the headaches lessen in number and severity; but where they are pure megrims, we can rarely expect to see them fade away entirely, and they will commonly linger last about the menstrual period. I shall, of course, be told that such a method of treatment is impracticable in most cases, which is true; but the number who really can be helped by no other means is small, and years of suffering, and the endless sense of being tired, predispose such people to accept any means which promises relief. The other criticism which has been made, that it is dangerous to put women in bed, because it is not easy always to get them up again, I have answered in my original paper, and I can only say that I have not yet met with this difficulty; and as to any fear of injuring health, or causing pulmonary troubles by the long rest in bed I advocate, it may be set aside

as disproved by a long experience, which has taught me that many cases of pulmonary troubles improve enormously when treated by rest, over-feeding, and that exercise without exertion which is a distinctive feature of my treatment by rest.

Headaches of the Decline of Life.

These cephalalgias are, for me, always full of suspicion. If a person who has been free of headaches begins, late in middle life, to have them, the case is usually one which will need every care we can give it.

In such cases, after excluding the eyes as a cause, it is most needful to make sure that the headache be not remotely due to albuminuria from contracted kidneys. In an article in the Philadelphia *Medical Times*, August, 1874, on the nervous accidents of albuminuria, I have already spoken of this matter, and have there given three cases of headache, in all of which albuminuria was the unsuspected parent of the pain. But after putting aside these, and the still more common causes of headache, as gastric disorder, and the constipation of old age, there yet remain headaches which have often, I think, some relation to the causes which, in the old, produce hemiplegia.

These headaches are apt to occur on one side of the head, or to be most felt on one side when even the whole head aches. They are liable to be attended by a sense of fullness and by throbbing, and they are extremely apt to be felt every morning on awakening from sleep.

Headache is one of the near prodromes of hemiplegia, according to the books, but in my experience it is not a very common one; while as a more remote warning it has value, but is still not very frequent. I have hesitated, in these brief clinical sketches, to speculate much on the causes of symptoms, nor do I see my way here to say what it is in the state of a head with degenerating vessels which gives rise to pain; yet, practically speaking, I am sure of the fact. I every now and then meet a man who has headache and slight numbness on one side, and who may or may not have had a slight hemiplegia. I bleed this man by leeches, a few ounces. I am perfectly sure he will be free of pain and eased of numbness for some time to come. I take the blood from the temple and from the back of the ear on the worst side. The immediate connection in these regions with the brain-feeding vascular areas beneath them is clear and abundant, and it does seem as if the local depletion eased a local overplus, and that the distended vessels did not give way anew for some time to come; but this is speculation merely, while the valuable fact as to the use of leeching rests unchanged, however we explain or do not explain it. Hard, too, to fully comprehend is the other fact, as to which I am quite as sure, that in a florid man, well on in the fifties, or over them, with a strong heart, throbbing headaches and hints of hemiplegia, in the way of unilateral numbness or tingling, the leeching is made of longer use, and even of permanent value, by restricting the diet to vegetables, milk, and fruit. I could easily quote case on case in support of these assertions, but one shall answer.

A stout, somewhat ruddy gentleman, aged 61, from Delaware, called on me two years ago, with the following symptoms: a strong pulse and heart-beat; slightly beaded radial arteries; a faint senile arc; large, tortuous, visibly full temporal arteries. An occasional increasing numbness of the left side ending in a slight hemiplegia, two years ago; but before this, and since, he had daily headache on awakening, and of late attacks of dull, throbbing ache; not worse on one side, but, when present, nearly always accompanied by a sensible over-action of the heart, and by increased left-side numbness. Cardiac sedatives and purgatives aided him none, but a full leeching gave immense relief. In three weeks it had to be done again, in two months yet again. Then I urged absolute deprivation of meat, and that has succeeded, so that only once since has he been leeched. Tobacco had something to do with the first of his headaches, and was at least potent in ability to bring one on, when used in excess; at last he learned this, and ceased to smoke as much, which presently lessened the number of attacks, but did not prevent them altogether. At last he acquired that curious cardiac sensitiveness to tobacco, which grows on some old smokers, and he was forced at last to abandon it. Nevertheless, the headaches remained.

There is one most remarkable fact in the history of neuralgic headache (megrim); it is very apt to cease as men grow old; but, also, it is apt to disappear, and return no more, in those who have had a single hemiplegic attack, however slight. I find in my note-books seven cases of hemiplegia, three right and four left, in which are noted this most interesting peculiarity.

SYMPATHETIC IRRITATION OF THE BLADDER.

BY W. T. CHANDLER, M. D.,
Of Campbellsville, Ky.

Sympathetic irritation of the bladder is quite a common sequela of surgical operations upon the rectum. It is not because of the infrequency of the trouble that I delineate the following case, but because it shows the occasional intractability and unusual severity of this complication. It is also my purpose to elucidate a therapeutic measure which I think worthy of repetition in similar cases, and that may be of advantage to others, as I have found it of infinite satisfaction to myself. The patient, a male, aged thirty years, of lymphatic temperament, had been a sufferer from hemorrhoids for about ten years. The continual loss of blood accompanying each act of defecation had much reduced the patient's strength, from spanæmia, when he applied to me, about the middle of last November, for medical advice. At this time I operated upon him, ligating each hemorrhoid by passing a doubled cord through its base, and tightening the separated threads upon either side of the pile. The strangulated mass was then returned into the rectum, and replaced above the sphincter.

The slough came away on the sixth day after the operation, and on the ninth the patient expressed himself as well. On the following day, however, he was seized with a severe pain, referable to the neck of the bladder, on attempting to urinate. This was soon succeeded by complete retention of urine, and for the following ten days catheterization was necessitated to relieve the patient. In the meantime he was harassed by an incessant desire to micturate. There was also a dull aching pain in the prostatic portion of the urethra; this pain was subjected to occasional exacerbations of a most excruciating kind, lasting from thirty minutes to two or three hours. Opium, chloral hydrate, bromide of potassium, and aconite, were administered per orem at different times. Morphine was also administered hypodermically, but all with scarcely temporary relief from immediate sufferings, though given in large and repeated doses. Quinine was exhibited on the supposition of the probable neurotic character of the pain. This remedy also seemed indicated from the periodicity of the exacerbations, but it did no apparent good, though continued in large doses for several days. There was in fact, however, a rectitis of an acute character, with marked tenesmus and scalding pain, with the passage of fecal matter.

On making an examination with the anal speculum, the mucous membrane of the rectum was found injected, red, and swollen. The hemorrhoidal vessels were congested and tortuous, and there was excessive hyperæsthesia of the parts. I ordered the following:—

℞.	Extracti belladonnæ,	gr.v	
	Morphiæ sulphatis,	gr ij	
	Acidi tannici,	gr.iv	
	Olei theobromæ,	q. s.	M.

Ft. sup., No. 4.

Sig.—Use one at night.

Judge my gratification and surprise to learn on the following morning that the patient had slept well, and for the first time in a fortnight voided his urine without pain. There was a slight return of the trouble during the day, but this yielded kindly to a repetition of the suppository at night. This treatment was used for four nights, after which it was discontinued, the patient having been completely relieved of his trouble.

There are several facts to be deduced from this case. First, the operation for hemorrhoids is not always a trivial one; rectitis of a violent character may follow it (to say nothing of ilio-rectal abscess and septicæmia). Hence it is not advisable to ligate a great number of piles at once; better ligate a few, and trust to obliteration of the contiguous piles from plastic deposit, the result of moderate inflammation excited in the parts. Should this fail, the operation may be completed at a more recent date.

This case shows the importance of the direct application of medicinal agencies to the diseased parts, and its superiority over general medication. It also illustrates the fact that anodyne medication, though usually only palliative, may, by virtue of its anæsthetic properties, become curative by calming nervous irritation, and thus predisposing to resolution in inflamed parts.

HOUR-GLASS CONTRACTION.

BY MILES D. GOODYEAR, M. D.,
Of Gorton, N. Y.

Because of the variety and severity of these cases, the medical attendant, when they confront him, feels a chill of dread creeping over

him, not so much on account of his well-earned reputation as for the ultimate recovery and safe delivery of his patients. One cannot prognosticate a case of hour-glass contraction at the commencement of labor, but nature clouds her future with doubtful threads of light until such a time as she wishes to disclose it. These deviations are noted rarely, except with the delivery of the placenta. I take from my notes a case, the like of which I have, as yet, been unable to find as recorded by any previous observer.

On the afternoon of April 17th, 1874, I was called to see Mrs. C., aged 31; primipara. I found my patient somewhat alarmed because of the severity of the but rarely recurring pains. But the fears were easily quieted by a small dose of morphiæ sulph., and my presence. Pains continued to come on with about the same regularity during the night and morning of the 18th, and at noontime all quieted down, and I returned home. It being the one hundred and sixtieth day only of duration of pregnancy, as calculated from our best data, the womb not presenting the appearance of continuing labor, and the pains being of that snappish kind which seems more characteristic of a "false-alarm" than true labor, it was deemed best to let the patient rest for a time before endeavoring to induce a continuance, even though fœtal life had not been manifest for some time previous. During afternoon and evening noted some slight pain, but all became quiet when morning came on.

But in the evening of the 19th (after drawing the water, the os being found somewhat dilated) labor came on in good earnest, and my patient was delivered of the dead child at two o'clock on the morning of the 20th.

All pains now immediately discontinuing, and finding the deformity remaining as before labor, and the placenta failing to easily come down, I sought to diagnose a second child by examination per vaginam, when the placenta was found attached at the fundus of the uterus, and it was still quite impossible for me to make out the kind or condition of the body above. There being but little hemorrhage, but little ergotin was used, and my patient continued through the day, some of the time groaning, with well-marked pains, and at other times sleeping quietly.

At six o'clock on the afternoon of the 20th, Prof. T. Hyde, of Cortland, New York, and Dr. J. Goodyear were requested to meet me in consultation.

Under the existing circumstances it was thought best to make a more thorough examination, which, by special request, was conducted by Dr. J. Goodyear. He found, after removing the placenta, an hour-glass contraction, with an opening of communication, of not more than one inch in diameter, with the other portion of the womb, where could be distinguished another child. By gradual expansion the operator was enabled to bring down a foot, and on traction being made pains came on, the child descending slowly; and it was at the same time noticed that, as this contracted portion would come to the more solubly developed portions of the child, little advancement could be made without resorting to more persistent traction. This kind of advancement continued to be made until this contracted portion came to the head of the child, where, for a few minutes, it seemed entirely to be arrested, when, as if something was giving away, the child made rapid advances by the woman's natural efforts, and was born headless.

Thus our patient was found in the early morning of April 21st, after having been delivered of two separate placentas and two children, with the exception of one head, which still remained in the upper cavity of the unnatural womb. No flowing followed; patient slept some from exhaustion, and with but little tympanites. Was called in on the morning of April 22d, and found the head brought nearly down by the organ's own power. No more hemorrhage than would have been considered safe, but the circulation showed considerable activity with the increasing distention. With a continuance of these symptoms, she died, on the afternoon of April 24th, 1874.

Query. Was this a natural hour-glass developed womb, natural in the woman herself?

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON, JANUARY 5, 1876.

REPORTED BY GEORGE W. M'CASKEY, STUDENT.

Case 1.—Pyæmia Following Gonorrhœa.

The patient whom I shall bring before you first this morning was admitted into the hospital on December 21st, of last year, and has,

therefore, been under my care for about two weeks. The history which we obtained of her case, and her symptoms at first, seemed to indicate that she was suffering from typhoid fever. Thus, she tells us that her health, up to the beginning of her present illness, was always good; that she has no hereditary predisposition, as far as she knows, to any form of disease; that on the 10th of December she began to suffer from headache and lassitude, which did not prevent her from doing her usual work. At the end of three days, however, she had a chill of moderate severity, which was followed two days after by cough and diarrhœa; her bowels moving about six times in the twenty-four hours. There was no bleeding from the nose.

On admission, the patient had considerable fever, severe headache, dry and furred tongue, complete anorexia, and diarrhœa. Some tympany, with tenderness in right iliac fossa, and marked subsultus. There were no rose-colored spots; and her mental condition, considering the amount of subsultus, was fair. On examination of the chest, dullness was detected posteriorly over the left side, percussion giving rise to some pain in this region. Auscultation revealed the presence of moist râles on both sides, and of friction sounds on the left. These signs indicated the existence of bronchitis, with some pulmonary congestion, and pleurisy on the left side.

These are symptoms, I need scarcely tell you, usually indicating the presence of typhoid fever, and accordingly I placed the patient upon two grains of sulphate of quinia, with ten drops of dilute muriatic acid, three times daily. A day or two afterward, I was struck, upon approaching her bed, with the fact that the left eyelid—the side upon which she was lying—was œdematous. Now, it is my rule to have the urine of every patient carefully examined, as soon after their admission as it can be procured. In this instance, the nurse had neglected to send any into the microscopic room, and we were, therefore, in ignorance as to the condition of the patient's kidneys. An examination was made immediately after this visit, when the urine was found to contain albumen in great abundance. As, however, no casts could be discovered under the microscope, and as the urine also contained a large quantity of pus, which is, as you are aware, an albuminous fluid, I thought it not unlikely that the albumen was due to the presence of the pus. Pus in the urine may be derived from several sources; the most frequent cause of it, in a young girl like the one before you, is a leucorrheal discharge. Upon questioning the patient, whose statements were corroborated by the nurse, I found that she was suffering from a profuse discharge from the vagina, the character of which, as well as the degree of inflammation attendant upon it, awakened my suspicions as to its nature. I do not care to go through the steps of the process by which I satisfied myself that she was suffering from gonorrhœa; suffice it to say, that I have obtained evidence that she has put herself in a way to contract this disease. She was, therefore, ordered the following injection:—

℞. Zinc. sulph., gr.v
Acid carbolic, gtt.iij
Aquæ, ℥j. M.

The discovery of the gonorrhœal discharge has made me change my views as to the nature of the case. I have told you that many of the symptoms which it presents could be readily referred to typhoid fever as their cause. You will recollect, however, that I called your attention to the absence of the rose-colored spots, and of mental hebetude. I may add that there has never been any deafness; and yet, notwithstanding that these two symptoms, so characteristic of severe typhoid fever, were wanting, the subsultus has been a marked feature of the case. It has occurred to me, as not unlikely, that the patient is suffering from pyæmia of moderate severity, dependent upon the absorption of some of the products of the gonorrhœal discharge. My reasons for making this diagnosis are the following: In the first place, we have a discharge of most unpleasant odor; in fact, so disagreeable is the smell that carbolic acid was added to the injection to correct it. The nymphæ are œdematous to such a degree, on the left side, that there is reason to believe that an abscess is forming. A few days after the appearance of the gonorrhœa—for we can assume, I think, that the history she gave us is not strictly truthful—she had a chill. Now, this chill, although slight, was sufficiently marked to attract her attention—an event which is of very infrequent occurrence in typhoid fever, to say the least. The other symptoms accompany septic poisoning of this form quite as frequently as they do typhoid fever. There is, therefore, no difficulty in explaining the diarrhœa, congestion of the lungs, bronchitis, and subsultus which were observed in this case.

It may be doubted by some whether the symptoms in the case are sufficiently severe to indicate the existence of pyæmia. There are probably various forms of septic poisoning; but it has not been clearly established, to my mind, that the difference between them is one of kind. It seems most likely to be one simply of degree. The severe forms are usually called pyæmia; the milder, septic poisoning.

The patient before you is certainly not suffering from the severe form of pyæmia. Her temperature chart shows this; but it is also unlike that of a typical case of typhoid fever. She has not had the profuse sweating so common in pyæmia, but she has presented symptoms which I can trace to no other source; for a careful examination has convinced me that the diagnosis of typhoid fever cannot be sustained in this case. You must recollect, also, that pyæmia is not always a fatal disease. Some years ago, a patient who had been injured was transferred to my ward by one of the surgeons, who supposed, in consequence of the existence of pain and swelling of the joints, together with fever, that he had rheumatism; but a thorough study

of the case convinced me that he was laboring under a form of pyæmia, known as pyæmic rheumatism. My colleague subsequently took the same view of the case, and received it again into his ward. The patient finally recovered; not, however, until an abscess had formed near the seat of the original injury. I might refer to recorded cases of recovery, but this is unnecessary.

We have in the male a disease usually known as gonorrhœal rheumatism; this is now known to be nothing else than a form of pyæmia. It does not seem improbable that gonorrhœa may occasionally be the starting-point of septic poisoning in the female.

As soon as I discovered the true nature of the case, I placed the patient upon large doses of the tincture of chloride of iron; and latterly, as symptoms indicating prostration have been present, I have ordered her a moderate amount of stimulants. Under this treatment she has improved.

NOTE.—A day or two after this lecture was delivered, the patient complained of pain and tenderness in the neck, on a line with the left ear. Subsequently an extensive induration formed, which there is every reason to believe will be followed by an abscess.

Case 2—Rupia Specifica.

Anna H., aged 27; single; domestic, and of Irish birth. She was admitted December 30th, 1875. While she was a girl, her health was very good; her family history, however, is not good, one of her sisters having died of consumption, and a brother is now laboring under a cough of several years' standing. When the patient was twelve years old she had a severe inflammation of the eyes, which, after it had disappeared, left considerable corneal opacity. This was treated with blisters on the temples and nape of the neck, which left large cicatrices, which you observe here. Four years ago last September she noticed a small sore on the mucous membrane of the lower lip. She says that this sore started as a small pimple, which soon broke down into an ulcer, which then became excavated and indurated. About three weeks after this time she noticed that there was induration of the glands at the right angle of the lower jaw. She now also began to suffer from headache, general malaise, and some sore throat. During the same season a rupial sore made its appearance on the forehead, and was the focus of considerable inflammation. The sore throat was improving under treatment. In the following spring, large rupial sores appeared on the thigh, which ran a typical course. These were followed, in time, by sores on the body and arms. She was admitted into the Pennsylvania Hospital one year after having the chancre. She remained there for six months, and was discharged greatly improved, with only one small ulcer remaining. But, shortly after leaving, the eruption began to make its reappearance.

One year ago coryza appeared, and has persisted until the present time; no necrosed bone, however, having been discharged.

Last summer osteocopic pains showed themselves, being, as is generally the case with such pains, worse at night. Shortly after this she noticed a node upon her right tibia. Her menstrual functions have always remained undisturbed.

On admission the patient was well nourished. The corneal opacity was present on both sides, the left pupil being exceedingly small, with adhesion of the iris to the cornea at the point of greatest opacity, while the right pupil was considerably dilated.

These scars upon the neck and temples were, as before stated, the result of blisters. Besides these, there are cicatrices upon the forehead, arms, legs, and body, which are somewhat excavated, radiated, shining, and irregular in shape, averaging nearly two inches in diameter. There are four open ulcers at present, viz., two on thighs, one on abdomen, and one on shoulder. The sore on the abdomen commenced as a pimple, some time ago, and has gone on increasing in size since that time, spreading at the circumference, and healing in the centre. At present it is about three inches in diameter, and is covered by an elevated, imbricated, and black crust. The crusts on the other sores are more circular. The urine was slightly turbid, acid reaction; sp. gr. 1025. No albumen or sugar was found. She was ordered the following prescription:—

℞.	Inf. gent.,	fl.℥ss	
	Potassæ iodidi,	gr.x	
	Hydrarg. bichlorid.,	gr.$\frac{1}{12}$.	M.

Sig. Three times daily.

Dilute citrine ointment was directed to be applied to the ulcers after the crusts had been removed by poultices.

BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.

CLINIC OF PROFESSOR WILLIAM T. LUSK,

Professor of Obstetrics and Diseases of Women and Children.

October 28, 1875.—You will remember, gentlemen, that, in a case presented at the last clinic, we found one tumor upon the right side, and a second tumor just above the symphysis pubis, evidently of uterine origin. Each of these tumors seemed to be independent of the other. On account of its mobility, the tumor on the right side had been regarded as ovarian. But the objection to regarding it as such was that it presented all the features of a fibrous growth. Fibroma of the ovary does occur, but it is extremely rare. On careful examination, it seemed as though I could discover a point of attachment between the two tumors, but I was not quite certain about it. I therefore introduced the right hand into the rectum, after the

manner recommended by Simon. There was some difficulty at first in getting above the pelvic brim, from the fact that the uterine tumor completely filled up the cavity. However, by persistently pushing the hand upward and behind the tumor, it became evident that the tumor extended posteriorly far above the brim of the pelvis; and, with one hand placed behind the uterus, and the other pressing from without through the abdominal wall, I could exactly trace a band of union between the large tumor and the uterus, demonstrating the fact that we had a fibrous tumor attached by a pedicle to the uterus. But the pedicle was so small that it allowed the larger tumor to be moved freely within the abdomen, as though it were an independent growth.

Case 1. Here is a woman who has come here to the hospital with the story that she is suffering from a tumor. She certainly looks sick enough to verify her statement, and, as she has been suffering from hemorrhage, there is a suspicion in her case, too, of a fibrous tumor of the uterus. But when I press upon the abdomen, I find it tolerably soft and yielding; and when I practice percussion, I find it everywhere resonant. I try to ascertain whether I can detect anything like fluctuation, but do not succeed in doing so. I accordingly come to the conclusion that we have simply a case of tympanites.

You may think it impossible to mistake a case of tympanites for an abdominal tumor; but among the records of ovariotomy there are a number of instances reported in which excellent medical men have opened the abdomen for the removal of an ovary, and found simply tympanites. One reason of difficulty in making out a diagnosis is the sensitiveness of some women, which impels them to contract the recti muscles, and thereby counterfeit a tumor in the median line. One of the best methods to determine whether you have tympanites or a tumor is to press the abdomen with one hand laid upon the other, and ask the woman to make a prolonged expiration, following an inspiration. With each expiration the abdomen yields. During inspiration the hands hold what has been gained; in the succeeding expiration a further advance is accomplished, until finally, if there is no tumor to prevent, the fingers may be brought into contact with the spinal column. When patients are so sensitive that they will not allow us to perform this manipulation, we may be obliged to place them under the influence of an anæsthetic.

Case 2 Here, too, we have a case of abdominal enlargement, in regard to the diagnosis of which there was some doubt a couple of weeks since. There is a distinct sense of fluctuation upon conjoined manual pressure; and everywhere, upon percussion, I find dullness. I would call to your notice an enlargement and dilatation of the veins upon the surface of the abdomen. Our diagnosis lies between ascites and an ovarian tumor. The distinction is not so easy as one might suppose at the first glance. In the case of an ovarian tumor, we should have dullness over the anterior portion of the abdomen, and tympanitic resonance upon the sides. In ovarian tumors, the intestines, as a rule, are situated beneath; and, of course, then we would have underneath the tumor the tympanitic resonance. In percussing the woman's abdomen, no resonance is heard. In ascites, I should get dullness on the sides; and as the intestines are usually floated upward to the top, I ought to get, as the woman lies on her back, resonance; but in the case of this patient, resonance is everywhere absent. Tympanitic resonance on the right side sometimes occurs in cases of ascites where the cæcum is unduly distended with gas. Again, there may be ascites and no resonance whatever, because the abdomen may be so filled with fluid that their mesenteric attachments do not allow the intestines to approach sufficiently near to the surface of the abdomen to furnish the tympanitic note. In such a case, I would get only dullness, produced by the stratum of fluid between the intestines and the abdominal wall.

The case, therefore, was involved in doubt. The presumption was in favor of ascites, but there was only one way by which certainty could be obtained, viz., by tapping the abdomen. This was accordingly done; when the fluid was withdrawn, the abdomen collapsed, careful exploration became possible, and each organ in the abdominal cavity could be mapped out. It became evident that we had simply a case of ascites.

A single ovarian cyst of great size, completely filling the abdominal cavity, might so closely simulate ascites that even after paracentesis we might be left in doubt as to the source of the fluid. An examination of the fluid, however, would then furnish a certain amount of information. Thus, the ascitic fluid is usually thin and straw-colored, whereas that of the ovarian cyst varies from a clear and straw-colored fluid to a viscid, colloid, yellowish-green or dirty-brown material, containing mucia, albumen, and paralbumin. If we allow the ascitic fluid to stand, there forms a coagulum of fibrin, which is not the case with the contents of ovarian cysts, or, at least, its occurrence is excessively rare.

After allowing the fluid to stand for a while, a microscopical examination of the deposit which forms upon the bottom of the vessel shows in ascitic fluid the endothelium of the peritoneal cavity, and pus corpuscles. Pus corpuscles are rare in the fluid of ovarian tumors, but are always present in the ascitic fluid. In ovarian cysts, the epithelium is of the cylindrical variety.

Sometimes, after tapping, the withdrawal of ascitic fluid enables us to make out tumors in the abdomen which had been previously concealed by the fluid. In a case of this kind which I saw some five years ago, after withdrawing the fluid, a large tumor was recognized on the right side, which became a puzzle to many physicians in the city. Several to whom I showed the patient, after examining

her, said it was a very interesting case, and then went away without expressing an opinion. The tumor was very large, and extended from the right iliac fossa to the liver. It was finally pronounced an ovarian growth of the semi-solid variety. In places it felt hard, and in places it could be felt to distinctly fluctuate. The reason why there was so much perplexity regarding diagnosis, was due to the fact that there was total absence of the vagina. There was, however, a uterus, which communicated through a fistulous opening with the bladder, through which the woman menstruated. This state of affairs rendered a physical examination a matter of considerable difficulty. One day, however, the woman discharged from the rectum over a gallon of pus, when the diagnosis was corrected. She had really peritonitis, with local deposit of plastic lymph, which constituted a large tumor, in which suppuration finally took place; the abscess opened into the intestines, and finally the recovery of the patient followed.

Case 3. I can in this patient distinctly outline, through the abdominal walls, a tumor, which I could not do in the other case. She says that she has not seen her periods for five months. That would lead us to infer that she was pregnant. We must always think of the possibility of pregnancy. There is no excuse for mistaking a case of pregnancy for one of ovarian tumor; but I must tell how I once knew a serious error to occur. A patient, a servant girl, was brought to me some years ago for examination, and I made out very clearly an ovarian tumor. Others saw her, and confirmed the diagnosis. A year afterward she fell into the hands of a surgeon in this city, a man of large experience and wide repute, but not now living, who resolved to perform the operation of ovariotomy. The moment he made the incision through the abdominal wall, to his horror, he found the woman was pregnant. The truth was, the girl, having been told she had an ovarian tumor, thought she was not likely to become pregnant, and so had permitted liberties from a male admirer, which resulted in conception taking place. In despair at discovering her condition, she became urgent to be operated upon for her tumor, and intentionally concealed her state from her physician. She hoped that the operation might prove fatal. The gentleman who operated upon her knew that there was no doubt about the existence of the ovarian tumor, and was so completely thrown off his guard that he failed to suspect pregnancy as a complication. After pregnancy was recognized the abdominal incision was immediately closed, but the patient died within a very short time afterward.

This is unquestionably a case of pregnancy. She has stoppage of her courses, red lines upon the hips and abdomen, from the distention of the cutis. The umbilicus is puffed outward. You may reject at once every case of supposed pregnancy in which you find the umbilicus sunken and retracted. Of course, I mean this to apply to cases where the size of the abdomen would lead me to infer the latter months of gestation. Patients often enough mistake the movements of gas in the transverse colon, the peristaltic action of the intestine, for quickening.

A woman once came to my office to get from me an opinion as to the existence of pregnancy. In a very few moments I was able to answer her question decidedly in the negative. She thereupon became very angry, and told me, first, that she had felt life; and second, that she had received the assurance that she was in the family way, from a doctor with white hair, who ought to know better than I did about such things. I asked her then if she was married. She replied that she was not. I asked her why she thought she was pregnant; that in my experience cases of parthenogenesis were uncommon. She stated that she was a cook by profession; and that, one warm night in the previous summer, she had retired to her room in the top of the house, where the excessive heat led her to leave both windows and doors open. As she lay uncovered upon the bed, with the bright moonlight streaming in upon her, the master of the house passed through the entry—and—that the case was not one of parthenogenesis at all. She had kept quiet until she had distinctly felt life, when she consulted a lawyer, who had advised her to bring a bastardy suit against her employer, and that the lawyer had sent her to me in the hope that I might commit myself to an opinion which would be employed in the prosecution of the suit.

I have no further time to pursue the consideration of the signs of pregnancy to-day. In the case before us, I make out distinctly the sounds of the fœtal heart, and I detect ballottement by vaginal examination, two unmistakable signs of the existence of the pregnant condition. But I shall take occasion very frequently to call your attention to this subject in the clinic here during the course of the winter. Errors in diagnosis of pregnancy are always injurious to a physician, and a mistaken opinion as to its existence may prove ruinous to the woman. During the past year, while in the dispensary one day, two women brought in a young girl of fourteen, accusing her of bad behavior, which had brought her to trouble. A few general questions addressed to the girl, though answered sullenly, furnished nothing to support the suspicion of the females accompanying her. I asked if there was no mistake. The women said, No! That, in the first place, they had the confession of the young girl; and secondly, that they, experienced matrons, had convinced themselves by ocular demonstration that the girl was pregnant. I said to her: "You have been a bad girl?" "Yes," she answered, stonily. "You have been about with the men?" "Yes," she said, unmoved. I then looked at the breasts; no change was manifest. Upon the urgent demands of the women, I attempted to make a vaginal examination. The hymen, however, was perfect, and would only just admit a uterine sound; there was no redness about the vulva;

the uterus could not be felt above the umbilicus. I was able at once to declare the entire innocence of the girl of the charges brought against her, and said to her: "Now, tell me the truth, for you have evidently been frightened into making your previous confession." At once the hard face relaxed; the girl began to weep, and at last, after some difficulty, I ascertained that she had had a diarrhœa; that to reach the water-closet it was necessary to pass some masons who were working about the house, who had occasionally spoken to her. That had been the full extent of her relation with the opposite sex; but on learning from the old women that she had committed a criminal offence, and was with child, she had made up her mind to throw herself into the East River. With the recollection of the hard, rigid, defiant expression she wore before her reputation was cleared of suspicion, I am disposed to think she would have kept her word.

Case of Condylomata.

November 11th, 1875.—Our patient denies any venereal origin of her trouble. It began, she says, about four weeks ago. She claims to have never suffered the smallest degree of pain. You notice that the surface of the growths is denuded in places of its epithelium, and that from these abraded points there is a constant fetid discharge taking place. These condylomata are due to enlargement of the papillæ, and rarely occur, except in women who neglect the niceties of the toilet. Most women, even the most abandoned, are usually very careful in keeping the vulva perfectly clean. If women happen to have a vaginal discharge, and they neglect to practice ordinary cleanliness, such a difficulty as we have here is likely to occur. Condylomata are very common as outgrowths from syphilitic ulcers. I do not think there is any suspicion of syphilis here, but there is pretty strong evidence, in spite of her denial, that she did have gonorrhœa four weeks ago, which she neglected; not so much because she is naturally dirty and careless, but because she was a servant, constantly employed, and had imposed upon her the necessity of keeping her condition concealed from persons around her. So the gonorrhœa had been allowed to go on; the irritation has caused these papillary outgrowths, which so far interfere with locomotion as to oblige her to enter the hospital.

It is generally the custom to apply strong caustic to these outgrowths, or to snip them off with scissors. I am going to try a different plan in this case. Fournier, in his very excellent work on "Syphilis in the Female," advises that caustics be not used; but says that if we keep the patient at rest, the parts clean, and allow the abraded surfaces to heal over, we will find that the growth will in three or four weeks be absorbed and disappear altogether. We will first sprinkle the surfaces with some isolating powder; I shall order one composed of bismuth and salicylic acid, eight parts of bismuth to one of salicylic acid; then I shall direct the nurse to wash her four or five times a day. She will twice a day use the continuous douche to keep the vagina clean. In addition, for the vaginitis, every second day, the house physician will introduce a tampon of cotton, wetted in a solution of glycerine and tannin (one drachm to one ounce). In a couple of weeks I will present the case to you again, and if I am then disappointed in my expectations of improvement, I shall resort to caustic applications or the scissors. [*By the end of four weeks, the main growth, which was originally the length of the index finger, had spontaneously disappeared*].

Case 2. I have here a case of carcinoma, not confined to the cervix alone, but extending up into the cavity of the uterus. Indeed, with a Sims' speculum, it is quite possible to see the walls and the fundus of the uterus. The patient has been suffering a great deal from hemorrhage, and is now excessively anæmic. Patients with carcinoma uteri do not die directly from the hemorrhage, although the latter is often very profuse. Hemorrhage is most common in those patients in whom you find a hypertrophied condition of the papillæ of the mucous membrane of the cervix; whereas in cases where extensive necrosis of the tissue takes place, in which we would naturally expect excessive hemorrhage to be, it is, on the contrary, somewhat rare. In such cases it occurs only where, as a result of necrosis, some vessel is laid bare. It is the oozing from the papillary outgrowths on the surface which gives rise to the ordinary hemorrhage. Upon this fact is based a plan of treatment in cases of cancer which I am going to show you to-day.

We find on examination, in this case, that the uterus is enlarged. The canal of the cervix is converted into a great hollow cavity, upon which the hypertrophied papillæ are everywhere visible. As long as it remains in its present condition, the patient will continue to suffer from hemorrhage; but by at once destroying these papillary outgrowths, I shall control the hemorrhage, and thus I may prolong the life of the patient.

Women with uterine cancer, when no treatment is adopted, rarely live over eleven to twelve months; whereas, in cases treated by the removal of all the fungous granulating tissue, you will often witness a surprising improvement in the symptoms. A patient who died here only a week or ten days since, of uterine cancer, came into the hospital, two years ago last summer, in an advanced stage of disease, and was treated alternately by Dr. Taylor and myself, by scraping away the degenerated tissue, and applying the actual cautery. She was discharged after a few months in a greatly improved condition, but in about five months returned, to be again treated in the same way. Again she left the hospital relieved. This went on, each operation giving her comparative comfort, for five or six months following. Finally, she came back for the last time. The scraping process had been repeated until we had got so near to the peritoneal cavity, that it was dan-

gerous to proceed further. I then desisted from treatment, preferring that she should die of her disease than be the direct instrument myself in bringing about the fatal result.

In using the actual cautery, I can recommend Leiter's blast-lamp as a very convenient one for heating the irons. It differs from the ordinary blast-lamp, in that it has a lead base, which prevents it from upsetting. It is quite large, is furnished with a safety-valve, and you can evolve from it all the heat you need. I never have any trouble with this instrument; but in the smaller one, such as is used in the chemical laboratory, the alcohol generally burns out before the irons are heated. I have known the cork used to close the aperture at which the alcohol is introduced, to fly out, and the burning alcohol to be scattered all around the room, to the annoyance and alarm of everybody, and the delaying of the operation.

In making the application, I can recommend these small cautery irons, with olive-shaped extremities, the pattern of which I obtained from Dr. J. E. Taylor, and which I believe are original with him. Usually the cautery irons are made very much too large to apply with safety or with convenience.

I put my patient under the influence of an anæsthetic, not so much on account of the pain, as because of the alarm that is apt to be felt by the patient upon witnessing the preparations for the operation. Where the vagina is not involved, we can get an immense amount of light, and can reach the parts best, with Dr. Taylor's so-called columbiad speculum. It looks large, and there is some difficulty in introducing it unless the patient is under the influence of an anæsthetic.

There are various forms of scoops employed for the removal of the diseased tissue. Recamier's scoop, which I now show you, is intended to break off large masses. It is strong, and has a blunt edge. Here is another, which I think is the invention of Dr. Sims, which has a sharp edge. Here are the spoon-shaped scoops of Simon, with sharp edges, with which we can dig out the tissue in cases where it would be impossible with the ordinary instruments.

In the case of this patient, the discharge is offensive. The first lecture I ever attended in this institution was one given by Dr. Sayre, who had a number of patients with chancroids. Dr. Sayre, in the way of practical instruction, dipped little pieces of cotton in the secretion from the sores, and, placing them in a saucer, insisted on their being passed around the class, for us to familiarize ourselves with the smell. I present to you in the same way a teacupful of watery discharge, from which you may judge of the characteristic odor of that which comes from uterine cancer.

You can now see through the speculum the granulating condition and the soft fungous tissue of the diseased surface. Now I scrape away all that soft, mushy tissue, and apply the cautery. Under the cauterized tissue, a healing process will go on, to the relief of the patient. As I dug out all that soft, pulpy tissue, you naturally expected that we would have a considerable amount of hemorrhage; but in reality it was very slight. I think that the most of you can see now that we have a clean surface.

This is one of those operations which does not require any special skill. Any one of you, if you are placed in a position where you are obliged to treat a case of cancer like this, can do what is needed, if you have the will, just as well as I can; and inasmuch as you can thereby relieve the sufferings of the patient, and stop the hemorrhage for the time being, and prolong her life, you are bound to act boldly.

After the vaginal tissues are all infiltrated with cancerous matter, you had better let the case alone. If you attempt to introduce a speculum, to guard the surrounding parts from the heat of the cautery iron, you are liable to push the speculum through the anterior or posterior wall of the vagina, and produce a fistulous communication with either the bladder or the rectum; so that the cases that are suitable for this operation are those in which you can introduce a large speculum with safety.

Without the aid of the speculum, you may, however, still, with the guidance of your fingers, introduce the scoop and scrape away the soft fungous tissue from the cervix, which gives rise to the hemorrhage and discharge. During this last week this woman had two hemorrhages, which were so profuse that she became alarmed, and came into the hospital for treatment. If we have the usual success in this operation, I think that in the next three or four weeks she will improve sufficiently to go out, and live in comparative comfort for a greater or less space of time.

In these patients you know that the usual symptoms are pain, disgusting discharge and hemorrhage. The pain is a very late symptom; so long as the disease is confined to the cervix, it will probably be absent altogether. If the hemorrhage happens to be slight, the woman is apt to think she is only having too free a menstrual flow. If it happens to come at the change of life, as is usually the case, she looks upon the profuse hemorrhage as incident to changes which attend that period of life, so that she is not apt to present herself for examination until after the disease has made considerable progress; but she generally seeks treatment before there is a great deal of pain. As in the earlier stage, the disease is confined to the cervix; if there is no inflammation in the surrounding tissue, no peritonitis, there is little pain. When the infiltration has reached the body of the uterus, the vagina, the rectum, and the bladder, you find that pains are present, and are of the most intense character.

—False hair is disappearing. The absurd and unhealthy fashion of piling it on the head is "going out." The "artistes capillaires" take, if wanted, silk thread instead of false hair, using it as chignons.

Medical Societies.

ALLEGHANY COUNTY MEDICAL SOCIETY.

Stated Meeting, Jan. 18th, 1876. Dr. G. E. Porter in the chair.

Dr. G. B. Fundenburg reported a case of embryotomy; primipara, thirty-two years of age. The forceps were applied, and traction made at intervals for two hours and fifteen minutes, after which time, finding that no progress whatever had been made, craniotomy was performed, and the child, which was not a large one, delivered. Mother has since done well. Dr. Fundenburg thought the trouble was due to simple retracted pelvis.

Dr. G. E. Porter reported a case of post-mortem of a man who received a fracture of the fourth lumbar vertebra, causing a general paralysis of the lower limbs. This happened in the mines, three years and six months ago. His health, in the meantime, had been good, and he had grown quite corpulent, though he had, from time to time, attacks of cystitis, passing large quantities of calculous matter.

After death, which occurred a few days since, a calculous mass, as large as a walnut, was found imbedded in the left kidney, a calculus in one of the ureters, and two calculi in the bladder.

Dr. C. H. Ohr reported a case of habitual constipation and difficult micturition, which seemed to be caused by the prepuce being tightly drawn forward over the head of the penis. Circumcision was performed, and in a few days a diphtheritic deposit appeared on the wound. The case was treated with unguentum zinci, with a rapid disappearance of all the unpleasant symptoms.

Dr. George B. Fundenburg reported a death from paralysis of the heart, following a mild case of diphtheria. Dr. G. E. Porter reported a similar case.

Dr. McCormick reported a case of diphtheria during which there was a tonic spasm of all the muscles of the body. Patient recovered.

Dr. O. M. Schindel read a most interesting paper on small pox. Dr. Schindel was one of the physicians appointed by the city to attend the disease during the late epidemic of it. In his paper he mentioned the following varieties of it: malignant, flat, confluent, semi-confluent, discreet, varioloid, variolous fever. With regard to vaccination, he found the more remote from the date of the last vaccination the less was the protection.

Recent vaccinations, if effectual, gave perfect immunity.

A most striking case of the power of vaccination was related in the paper.

A man was suffering from confluent small-pox, and on the eighth day of his disease his wife was delivered of a healthy, well-formed child. Two hours after it was born Dr. Schindel vaccinated it in three places, all of which took.

The father, from the fact that no one would go to the house, was obliged to take care of the child, frequently taking the child into his arms. It escaped the disease entirely.

The doctor tried all of the plans of treatment which have been mentioned, but found that none of them came up to the standard claimed for them by their various authors.

The following is a table of the different varieties, with number of cases, recoveries and deaths which occurred in one hundred and thirty-six cases the doctor had under his care:—

Type.	No. of Cases.	Recoveries.	Deaths.
Malignant,	3	0	3
Flat,	5	0	5
Confluent,	48	21	27
Semi-confluent,	15	14	1
Discreet,	23	23	0
Varioloid,	41	41	0
Variolous fever,	1	1	0

On motion, a vote of thanks was given to Dr. Schindel, by the Society, for his valuable paper.

Society adjourned until next regular meeting.

Wardlaw McGill, M. D.,
Corresponding Secretary.

NORTHAMTON COUNTY (PA.) MEDICAL SOCIETY.

The winter meeting of the Northampton County Medical Society took place at Easton, January 19th, Dr. Amos Seiss presiding. The feature of the meeting consisted of the Report of the Committee on Medical Intelligence. A paper was read by Dr. Leinbach, of Bethlehem, on "Puerperal Pyæmia," in which he related two cases which had recently come under his observation, and propounded the following questions. 1. At full term, how long can a dead fœtus remain in utero without damage to the mother? He emphasizes the "full term," since he quoted cases where, when younger, they remained for months without harm. 2. When with a dead fœtus, and the uterus has ceased contraction, what is the proper procedure? This question was limited to an undilated os. The opinion seemed pretty generally to be, if the bag of waters had ruptured, dilate and remove.

Dr. Mixsell exhibited an extemporized aspirator, being compounded of a hypodermic needle and a Davidson's syringe, with which he had drawn off fourteen ounces of serum, in a case of hydrocele, where the serum was apparently confined in cysts, as many as twenty punctures being made, which prevented the use of the trochar.

Dr. Bachman detailed a case of rupture of the uterus.

These meetings are growing in interest among the members, as is instanced by a proposed amendment to the constitution, to the effect that the Society will meet six times a year in place of four, as now.

Zeb.

EDITORIAL DEPARTMENT.

PERISCOPE.

Rheumatism as the Cause of Varicocele.

Dr. R. M. Corlen, of Cedar Hill, Tennessee, says, in the Nashville *Journal of Medicine and Surgery*, August, 1875:—

We do not hesitate to assert our belief that varicocele is the direct result of rheumatism of the vessels themselves, at least in the large majority of cases.

So thoroughly are we convinced that varicocele is the direct result of rheumatism of the cord, we desire to call the attention of both physicians and surgeons to the matter, hoping that some benefit, at least, may accrue to those suffering from this very frequent disease.

By reference to our note-book, we find the following history of a case, which we think amply sufficient to justify the above conclusion:—

Two years ago we were consulted by a gentleman, married, aged thirty years, fair skin, dark eyes and hair, and of sanguine temperament. Upon interrogation and examination we found that he had, for years, enjoyed perfect health; that his bowels had been regular, appetite good, slept well, etc., and, indeed, at the time of examination, we found him in perfect *embonpoint*, with the exception of slight sub-acute rheumatism in the lumbar region, and some uneasiness about the left testicle and cord. We made no prescription at the time, but told him to call again, which he did in the course of ten days, still suffering from rheumatism in the lumbar and sacral regions, and also in his left hip-joint.

Upon further examination, we also found him suffering from incipient varicocele. We suspended the testicles at once, and told him to call again. He called in a few days, with his trouble increased to such an extent that we ordered strong counter-irritation, iodide potass., and the usual remedies in the treatment of rheumatism. Under this line of treatment improvement speedily came.

We heard no complaint for some weeks, but in the course of a month he called again, suffering from rheumatism of intercostal muscles on the left side. We prescribed again, as before, with the same result with reference to relief in that locality, but produced a metastasis from the intercostal muscles to the lumbar and sacral regions, when he again experienced trouble in the testicle and cord, which proves, conclusively to our mind, that the cord was attacked by rheumatism in common with other contiguous and surrounding parts.

Thus my patient has, for two years, suffered from attacks of rheumatism, more or less severe, at irregular intervals, in different portions of the body. Whenever he is attacked in the hip-joints, lumbar and sacral regions, by rheumatism, he suffers also from the varicocele; while he may be attacked in other portions of the body, and suffer greatly, without any inconvenience from the enlarged veins at all. It may also be proper to remark, that while he is suffering from rheumatism in his loins, the cord is swollen and tender. When the system is free from rheumatism, and more particularly that portion in the region of the hips, he has no trouble from the varicocele, but, on the contrary, the cord is soft, lax, and a good deal smaller.

I verily believe that the physician or surgeon who treats varicocele successfully has rheumatism to cure.

Dermatitis Circumscripta Herpetiformis.

Under the above name, says the Dublin *Medical Journal*, August, 1875, Neumann describes a form of skin disease which has been hitherto overlooked. It begins by a small pale red eruption, bluish-white in the centre, whence the redness and infiltration spread toward the periphery, but this so slowly that in a period of several months it has only attained the size of a sixpence. Both on the smaller and larger eruptions are to be seen pointed spots, bluish at first, and, after they have lasted some time, changing to a dull white. The affected parts reach the size of a half-crown, and it is on their periphery that these spots are most distinct, the centre being of a more uniform red. On pinching a fold of the affected skin, it is found to be considerably thicker than the surrounding healthy skin. The eruptions remain sometimes isolated, are sometimes confluent; sometimes their boundaries so come in contact that a gyrated form of eruption results, the central parts of which either show the white spots or are uniformly red and covered with scales. The white spots are very similar to the vesicles of eczema on the palm and sole, when the exudation has not yet raised or burst the epidermis.

With the duration of the disease, the mass of scales increases considerably. On some parts of the skin they form hard and thick layers of squams, which are in firm contact by their under surface, and which by their removal bring to light an excoriated thickened portion of skin. The extent of infiltration and squamous accumulation is not constant.

After having lasted several months the infiltration diminishes, and after it has disappeared there remain darkly pigmented spots or points. If left to itself the disease may last for years, spreading by new eruptions, whilst the parts first affected recover spontaneously, the thickened skin becoming gradually thinner. The

scales separate and leave a soft pigmented surface, which has not a cicatricial appearance, and the itching, which is very violent while the disease lasts, completely disappears.

It is distinguished from psoriasis by the white points on the periphery, by the firmness with which the scales adhere, and by their leaving no bleeding surface when scratched off, and by the violent itching; from herpes tonsurans (tinea circinata) by the infiltration in the centre, the long duration of the eruption, and the absence of fungous elements.

Rubbing with soap, and painting the surface with tar, remove the disease.

Rupture of the Urethra.

At a recent meeting of the Société de Chirurgie, M. Notta related three cases that have terminated successfully, and which he believes are of interest. In the first the patient had received violent kicks in the perineum, and at the end of thirty-six hours urinary infiltration had spread into the scrotum. Free egress was given to this by a large incision, and three days after a catheter was passed and left in (*sonde à demeure*). Fifty days after, the man was discharged cured. In the second case, contusion of the perineum was produced by the fall of an enormous stone, and four hours afterward the perineum was found distended, and a catheter could not be passed. The urine was at once discharged by a button-hole operation, in order to prevent infiltration, but the patient was lost sight of during three weeks, no catheter having been passed during that period. He was now menaced with retention by the cicatrization of the perineal wound, and a laborious dissection of indurated tissues became necessary to find the two ends of the ruptured urethra and pass a *sonde à demeure*. After several months of treatment, and the performance of internal urethrotomy, the patient was cured. In the third case, a mason fell astride a joist and exhibited the signs of rupture of the urethra, the distended bladder rising up to the umbilicus. A perineal incision gave issue to the urine, and a week after a *sonde à demeure* was introduced, and in five weeks after the accident the patient was cured, passing his urine freely by the urethra.

Treatment of Carbuncle. 1. By Subcutaneous Incision. 2. By Concentric Pressure.

In the Boston *Journal of Chemistry*, Dr. E. Cutter gives this treatment:—

* * * It appeared June 16th as if a space of the size of the palm of one's hand would entirely slough out. At this stage it occurred to me to put to the test the treatment by subcutaneous incisions recommended by a distinguished practitioner of London in 1862. Accordingly, the peripheral parts of the swelling were frozen with ether spray, and successively punctured with a tenotome, the knife being swept around in nearly a semicircle in each instance, freely dividing the subcutaneous bands that cross the substance of a carbuncle. This operation was painful and bloody. It was attended with an immediate subsidence of the swelling, and an improvement in the color of the inflamed skin. It was then poulticed as before. Next day there was a marked improvement in the upper part of the carbuncle. The next day witnessed a marked improvement in the symptoms, and from this time the convalescence was rapid and satisfactory. There was no sloughing of the integument, but a speedy return to the elasticity and feeling of health.

A Case of Syphilis Treated by Hypodermic Injection of Corrosive Sublimate.

Dr. E. P. Seeley, of Bowling Green, Kentucky, gives the subjoined case in the Nashville *Journal of Medicine and Surgery*.

The patient, a colored man, about forty-three years old, has always been healthy; a sore appearing upon the mucous membrane, behind the glans, which had all the character of a true syphilitic chancre: edges sloping and hard, surface hollowed out; hard, indurated, and movable upon the tissues beneath.

As I had been reading Lewin, of Berlin, who was the first, I believe, to introduce this method of treatment, and I thought the patient before me would be an excellent subject to give the method a trial, I simply cauterized this chancre, and told him to call the next day, while I, in the meantime, had the following solution of sublimate prepared: four grains to one ounce of distilled water.

Was next day at my office, according to promise, which was the third day of May. I stripped off his shirt and introduced ten drops of the solution in the infrascapular region. There was very little pain, although there was a small hard lump left at the point where I introduced the syringe. I again dismissed my patient, telling him to call on the morrow, which he did.

He informed me that he had experienced no trouble, ate his usual meals, slept well, and did not feel any way uneasy. At the point where the syringe was introduced was still a knotty hardness, but no tenderness upon pressure or manipulation. I again used the solution, and continued to do so until the sixth day, using the same amount, ten drops each time. Upon that day I had to cease, on account of the excessive irritability of my patient's stomach. It was almost impossible for him to retain anything, even small pieces of ice, and he was constantly retching and suffering from the most intolerable nausea. Rest in bed, with warm cloths and mustard plasters to the epigastrium, and ice to the spine, relieved him of these distressing symptoms. On the 11th of May I again began my injections, and continued using them until the 28th, when I discharged him, to all appearance well, and so far he has had no return of the disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Wildungen, its Baths and Mineral Springs," is a neat pamphlet of forty pages, translated from the German of Dr. A. Stocker, published by Trübner & Co., of London, and for sale by E. Steiger, New York. Wildungen is in the Duchy of Waldeck, and its sources are chalybeate and alkaline.

BOOK NOTICES.

Third Biennial Report of the State Board of Health of California, for the years 1874, 1875. Sacramento, 1875. pp. 242.

A large amount of information, though somewhat desultory in character, is contained in this volume. The smaller part of it is taken up with statistics, and from various scattered remarks it appears that they ought rather to be called "estimates," or, in some instances, even "guesses." Climate and meteorology receive considerable attention, though the stations heard from are Sacramento and San Francisco only. Dr. Henry Gibbons, Sr., is the principal observer at the latter place, Dr. Thos. M. Logan at the former. Dr. D. H. Kitchen, of New York, contributes an article on delirium tremens and its treatment, hardly novel enough to explain its appearance in this Report. On the other hand, a number of pages about the eucalyptus globulus will be read with attention. Drainage and sewage are discussed at considerable length. Dr. T. B. M. Miller, of Orovilie, reports instances of local poisoning by the arsenical dyes used to color the lining of gum boots. Dr. Gibbons concludes the volume with some sensible advice to consumptives; he does not believe in any particular spot as curative, but in early action, out-door life, simple, nutritious food, and regular habits.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., etc. Third edition. Enlarged and thoroughly revised. With illustrations. Philadelphia, H. C. Lea, 1876. pp. 724.

In presenting his deservedly popular treatise for the third time to the profession, Dr. Smith has given it a careful preparation which will make it of decided superiority to either of the former editions. Some diseases are considered for the first time, as rötheln and cerebro-spinal meningitis. The article on diphtheria has been nearly entirely rewritten, and the author expresses his opinion that it is the most fatal of all the diseases of childhood, and that no infectious disease involves greater danger, or presents so many modes of death.

The additions to other parts of the work are also important, involving the recasting of several chapters, and requiring a closer typographical arrangement to enable the book to appear without material increase in bulk. The position of the author, as physician and consultant to several large children's hospitals in New York city, has furnished him constant occasions to put his treatment to test on a large scale, and his work has that at once thoughtful and practical tone which is a marked characteristic of the best productions of the American medical press.

Transactions of the Pathological Society of Philadelphia, Vol. v, from January, 1874, to July, 1875. Edited by James Tyson, M. D. Philadelphia, printed for the Society by J. B. Lippincott & Co., 1876. 1 vol., cloth, 8vo, pp. 248.

An amount of solid work and studious observation is comprehended in this volume most creditable to the members of the Society from which it proceeds. It is true that the descriptions of specimens of morbid growth offer little to interest the general medical reader; but the discussions which accompany many of them in the volume before us redeem it from the charge of being merely a descriptive catalogue. The editor has included more of these remarks than heretofore, and the change is one altogether for the better.

Aids to Anatomy. By George Brown, M. R. C. S., L. S. A. London, 1876. Balliere, Tindall & Cox. Cloth, 12mo, pp. 64.

This little work contains a series of anatomical memoranda, prepared for students, and first published in the *Students' Journal*. In plan it is not dissimilar from many dissecting manuals. Under the "superior carotid triangle," for instance, we have given its boundaries and contents, veins, arteries, and nerves. Under "relations of the trachea in the neck," we have the structures adjacent to it anteriorly, posteriorly, and laterally. The greater brevity, clear arrangement, and handy size of this publication will no doubt make it popular among students.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE CAUSE OF TYPHOID FEVER.

After we had supposed the causation of typhoid fever had been well-nigh set at rest by the prolonged study of the Massachusetts Health Board in this country and the reports of the English observers, the whole question seems liable to be reopened.

In his December report as City Registrar of Providence, Rhode Island, Dr. Edwin Snow observes:—

"Some have supposed that typhoid fever is caused by the effluvia from cesspools. But we have the general fact that there are constantly more deaths from it among the population where great care is taken to prevent this danger, than among those whose houses are constantly filled with the emanations from drains and cesspools. If sink drains and cesspools are a chief cause of typhoid fever, it would be difficult to explain, in view of the facts under consideration, why there should be two deaths from the disease in 5400 population of the Second Ward, and only the same number in the 22,500 population of the First and Seventh Wards, many portions of the latter wards being notoriously filled with bad drains and cesspools.

"It has been said, and stated very positively, that the sewers are the cause of the typhoid fever this fall. If this were a chief cause, we might ask what caused a far greater prevalence of typhoid fever in 1865, and in other years before the sewers were commenced. But as this question is of so great importance, it seems necessary to investigate it thoroughly. If the sewers cause typhoid fever, it must be in one or more of three ways: *First*, from digging up the soil in the construction of the sewers, or, *second*, from the presence of the completed sewers in the streets, or, *third*, from the connection of the sewers with the houses."

These causes he submits to a careful examination, and after completing it, expresses his opinions in the following words:—

"It would seem then that the sewers cannot be considered as the cause of the fever in Providence this year. In fact, in regard to all the causes named, as already stated, the evidence is negative rather than positive.

"It would be much more satisfactory if we had the statistics of all the cases of typhoid fever instead of the fatal cases alone. But we have not this information, and it is well known that the fatal cases bear a constant relation to the whole number of cases, so that, in proportion to their number, the fatal cases represent correctly the whole.

"But while we find that none of the causes referred to, in all cases, or constantly, produce typhoid fever, there are individual instances in which the disease seems to be evidently produced by each of the causes named. We have seen cases of the disease, this year, where there seemed to be no doubt that the cause was foul air from cesspools, and other cases evidently caused by the use of impure well water. Whatever causes of this description may be in operation, it is possible that individual peculiarities, susceptibilities or idiosyncrasies may have more to do with the production of the disease than is generally supposed. At any rate, we know that external causes, to all appearance precisely the same, do not produce similar results in any considerable number of cases."

From other sources it appears that the profession has not found the sewage theory satisfactory. We recently heard it urged that, in

the greater number of cases, *improper food* is the cause of the disease; and as applied to the instances of typhoid fever arising from milk diluted with sewage water, that it was not the latter *per se*, but its action upon the milk, leading to a degradation of this fluid, that we should deem the *fons mali*.

The inquiry is one of the most pressingly urgent character, and its solution would be a large benefit to modern life, which has so strong a tendency to aggregation.

Notes and Comments.

Therapeutical Notes.

LIME-WATER IN INFANTILE ECZEMA.

A writer in the *Bulletin de Thérapeutique* recommends lime-water in eczema of the head and impetigo of the face in children, especially chronic cases, which have resisted other treatment, and states that a marked improvement is noticeable after using it for eight days. It is to be taken in quantities varying up to half a pint, according to the age of the patient, and to dust the part with carbonate of magnesia; but the latter is only necessary when the secretion is very irritant.

CARBOLIC ACID IN MALIGNANT PUSTULE.

The Doctor quotes from Dr. Raimbert two cases of malignant pustule treated by subcutaneous injection of A. phenyl. 1 : 50. The actual cautery had been used, and both patients were *in articulo mortis*, but rallied and recovered rapidly. In a third case, of a pregnant woman with malignant pustule of the cheek, improvement followed injection of a dilute solution of iodine, but the patient died of profuse hemorrhage incidental to premature labor.

The "Climatic Association."

Dr. Charles Denison, of Denver, Col., an intelligent physician, has made a proposition, for the benefit of invalids and insurance companies, which deserves consideration. We give it in his own words:—

"Previous to a year ago I began to conceive the idea of a Climatic Association, composed of physicians interested in such labor, and especially representatives from the health resorts of America, devoted to the prolongation of life and the adaptation of climate to the needs of invalids. To this end it should be their work to gather statistics of all climates, familiarize themselves with the details of their special labors, and to tabulate all the results of the journeyings of invalids in America from now henceforth. Through a central council or bureau of medical advisers, communication with the rest of the medical profession, insurance companies, and invalids generally, could chiefly be carried on by means of a specially prepared medical examination or diagnosis paper, and in return advice could be given as to the choice of climate, mode of life needed, etc., etc. The association should always seek to prevent the *useless* and encourage the *useful* migrations of invalids, and continually watch over the journeyings of their patrons."

A pamphlet containing further details, etc., can be had by addressing him as above.

Treatment of Epithelioma.

In the *Archives de Medicine*, in the treatment of epithelioma, M. Neucourt desires to show the value of the local application of arsenic. The special preparation he has used with most advantage, after trying many, has been the formula of the ancient French codex, which consists of cinnabar sixteen parts, dragon's blood sixteen parts, arsenic eight parts, thoroughly mingled. The arsenic is here in the proportion of one-fifth. Hence, it should not be applied to any surface larger than a threepenny piece at one time, and about a week should intervene between each application; a paste should be made with a little gum water, and a layer of about an inch applied. The pain lasts for a day or two, and is accompanied by considerable swelling of the tissues, at which no alarm need be felt, but of which it is prudent to forewarn the patient. M Gillette states that, after long use of the paste, he has found it has caused the disappearance, even before the cicatrization of the cancerous ulcer, of ganglionic enlargements in the neighborhood, and removed indurated masses.

Treatment of Gonorrhœa by a Reversed Current of Fluid.

Dr. J. Perrot Prince remarks that in using injections, caustic, escharotic, or astringent, the prime difficulty is the almost certainty of the contagious matter being, by means of the current of injected fluid, deposited at a point in the urethra beyond where it originally existed; or, sup-

posing the canal to have been freed from purulent matter by recent micturition, irritation might be set up. Therefore, he recommends, in the *Medical Times and Gazette*, a syringe so devised as to throw the fluid in a reversed direction, that is, toward the meatus.

Sound or not, this device was long since proposed by Langlèbert, of Paris. We have a syringe of his, bought fifteen years ago, which is designed to effect the same thing, and does it well.

Oxygen and the Liver.

At a late meeting of the Royal Society, London, a paper was read "On the Production of Glycosuria by the Effect of Oxygenated Blood on the Liver," by F. W. Pavy, M. D., F. R. S. The conclusions arrived at are that the amyloid substance found in the liver is a body which tends to accumulate in certain animal structures under the existence of a limited supply of oxygen, and that it is through the liver exceptionally receiving the supply of venous blood it does, that the special condition belonging to it is attributable. It is also shown that the undue transmission of oxygenated blood to that organ at once induces an altered state, which is rendered evident by the production of glycosuria.

Poison in Healthy Blood.

The French Academy of Sciences, last month, listened to an interesting paper "On the Virulent State of Blood of Healthy Horses, Killed by Falling or Asphyxia," by M. Signol. The blood, taken from the body after sixteen hours, proves rapidly fatal to goats or sheep inoculated with it (twenty-four drops). Motionless bacteridia are present, but there is no sign of putridity.

Treatment of Albuminuria During Pregnancy.

The *Doctor* remarks that Dr. Tarnier, chief physician of La Maternité de Paris, extols the efficacy of a milk *régime* in cases of albuminuria occurring in pregnant women, and regards it as a preventive treatment of eclampsia. Knowing the insidious manner in which albuminuria develops itself, he examines the urine of all women who present themselves, and those who are suffering from albuminuria he places on the milk diet, allowing nearly two pints of milk and only two meals on the first day, and increasing the former and diminishing the latter until the fourth day, when the patient gets seven pints of milk and no other food or drink. In grave cases, however, he does not observe this gradation, but commences by giving the full quantity of milk. Under this treatment, Dr. Tarnier says, after giving it a most extensive trial, the albumen rapidly decreases or disappears from the urine in from eight to eleven days. He considers that in almost all cases of eclampsia the cause is to be found in modifications produced in the organism by pre-existing albuminuria, and that curing the latter is the surest means of preventing the former.

Notice: Bills Sent.

With this number of the Reporter we send bills for the current year to such of our subscribers as have not yet remitted their dues. The amount is *payable in advance*, and we earnestly request all to send at once the small sum each owes. The postage on journals is now paid entirely by the publishers, and printing, paper, etc., have all to be settled for in cash every month. It is manifestly just, therefore, that subscribers should remit the amount in advance. Neglect to do so will hamper us materially, and compliance will save "dunning," so disagreeable to both parties.

Gelseminum in Veratrum Poisoning.

Dr. Wilson, of Williamsport, Pa., reports, in a letter to us, that in a case of poisoning by veratrum viride he used with success—

℞.	Fld. extr. gelsem.,	gtt.v
	Pulv. nucis vomic.,	gr.½

Every fifteen minutes until there was perceptible change in the pupils. He attributes recovery to this treatment.

Poisoning from Paris Green.

Our correspondent, Dr. F. Horner, of Virginia, writes us that a case of poisoning from the effects of Paris green, arsenite of copper, occurred during the late summer, near Winchester, Virginia. Four members of the Van Meter family died, with symptoms of arsenical poisoning, after eating apples gathered from the ground of an orchard which was planted with potatoes, on which had been sprinkled Paris green in powder, and in the midst of which had fallen the apples subsequently gathered for domestic purposes. No example

has been reported of this substance causing death by transmission through absorption by the plant.

The Localization of Brain Function.

Dr. Dupuy, of Paris, delivered an address before the profession of this city, Jan. 24, in which he demonstrated the methods of Hitzig and Ferrier in localizing cerebral function. He criticised with much force the inferences of the latter writer, and while repeating on the animal the methods of electric irritation of the cortical substance of the brain, he maintained that the localized motions produced took place as well when the cortical cells were destroyed.

It would seem that Hitzig and Ferrier's theories are not accepted very generally. We observe that Dr. Hermann says, in his *Elements of Physiology*, just published, "The movements which have recently been induced by electrical stimulation, since they do not occur after mechanical or chemical stimulation, may very well be set down to the irritation of more deeply seated regions, for the latter are unavoidably exposed to the diffusion of currents. . . . . No results as to the nature and distribution of the functions of the cortex, even of the value of approximations, can be deduced from these experiments."

CORRESPONDENCE

Case of Poisoning by Eating Wall Paper.

ED. MED. AND SURG. REPORTER:—

The subjoined case may prove of interest to many readers:—

January 6, 1876, —— Anderson, colored, aged 3, ate a small quantity of wall paper, how much not known. A short time after, she was seized with nausea and burning pain in the stomach, violent vomiting, intense thirst, purging, and pain in the epigastrium on pressure. She continued to vomit, etc., until I was called upon, some hours after she had eaten the paper. I found her as above described, and also observed that she had thrown up several shreds of paper, which upon examination proved to be wall paper, and about two-thirds of the coloring was of a light green. Considering the case to be one of arsenical poisoning, I immediately began the administration of the carbonate of iron, not having any of the hydrated sesquioxide, and no opportunity to get any. I considered that vomiting had taken place sufficiently, and therefore gave no emetic, as I should have done had it been otherwise. The emesis and burning soon began to get less frequent and intense, and by following up the treatment the child was apparently cured. The above is the only case of the kind I ever saw, but have heard of several. While there is nothing particularly remarkable about its features, yet, if I was right in my diagnosis, it is evidence that poisoning may occur from this source, and that it behooves the careful physician to bear the fact in mind.

Belle Flower, Ill. J. H. GODFREY, M. D.

Accidental Hemorrhage—Sudden Death.

ED. MED. AND SURG. REPORTER:—

My object in reporting the following case is, first, because of its comparative rarity, and, second, because it explains a cause for sudden death prior to the expulsion of the child, almost inexplicable except by post-mortem examination.

On the 26th of December, 1875, I was called three or four miles into the country to attend Mrs. E——, in her eighth confinement. Arriving at the place, I found my patient in the following condition: Completely pulseless at the wrists, speechless, extremities cold, eyes insensible to light and touch, countenance and lips pale; in fact, every evidence of immediate death. A vaginal examination revealed the os dilated about one inch, but very rigid, closed by membranes only; head of child presenting quite naturally, and no placenta within reach. There was no external hemorrhage, and from the state of the bed there had not been much. There were no pains, and, as far as I could learn, there had been very few. I at once dispatched a messenger for Dr. Tamylin to come to my assistance, but in less than twenty minutes my patient died.

We were allowed the privilege of opening the body, and our necropsy removed the mystery we could not sufficiently, otherwise, solve. On making an incision from near the umbilicus to the pubes, and opening the uterus, we found the placenta occupying the anterior wall of the body of the uterus, and, with the exception of a small portion of membranous attachment of about two inches, above and below, completely separated from the uterine walls, and a large quantity of clotted blood filling the space between the placenta and uterus, and wherever it could find a cavity. The uterus and appendages, placenta, etc., were natural, and presented a healthy appearance. The membranous sack contained a healthy matured child, and was not ruptured.

History. The patient was an average-sized woman, and had enjoyed good health up to within two or three hours of her death. As I have already intimated, she had borne seven children, and was not subject to hemorrhage. From her friends we learned that she had complained of slight pains about two hours before my arrival, and at their commencement she said, "I am done for." Very soon afterward she became faint, and sank, as already stated.

In all probability the first pain, or pains, had produced the fatal separation of the placental

attachment. In this case, as Naegelé has observed, "the very action which nature uses to bring the child into the world is that by which she destroys both it and its mother."

Wingham, Ontario. W. B. FOWLER, M. D.

NEWS AND MISCELLANY.

The Medical Directory of Philadelphia,

By Dr. Atkinson, is in process of revision. All physicians who are not correctly entered in it are requested to communicate with him, at 1400 Pine street, without delay.

King's County, N. Y., Medical Society.

At a meeting of this Society, January 18th, the following officers were elected for the ensuing year: Alexander Hutchins, M. D., President; J. S. Prout, M. D., Vice President; R. M. Wyckoff, M. D., Secretary; J. D. Rushmore, M. D., Assistant Secretary; G. G. Hopkins, M. D., Treasurer; W. W. Reese, M. D., Librarian; Doctors Baker, Buell, Burge, Jewett and Matthewson, Censors.

Items.

—Readers should note the change of address of W. R. Warner & Co., whose advertisement appears in the REPORTER. That energetic and reliable house have found it necessary to seek a larger and more central location.

—In the Texas Constitutional Convention, one of the shining lights of that body declared that he wanted no restrictions on the practice of medicine, that he wished all to practice the healing art who felt inclined to do so, as he had no confidence in diplomas or schools of medicine.

—A very remarkable coincidence is related in connection with Mrs. Priscilla Smith (relict of the late Jesse Smith), who died several years ago. She was born in 1782, on the 9th day of the 9th month, at the 9th hour of the day, and died in 1872, on the 9th day of the 9th month, at the 9th hour of the day, 90 years of age. She was a resident of Woodbury, N. J., where she passed the most of her life, and, when she died, was the oldest person in that quiet little town.

—An electrical exhibition will be held in Paris from July 1 to October 21, 1877, and M. le Comte Hallez d'Arros is the founder. The official programme was published on October 14, and from it we gather that the objects exhibited will be comprised in the following eighteen groups:—1, electrical history; 2, educational appliances; 3, generators; 4, electro-magnetism; 5, electric telegraphy; 6, electric clockwork; 7, railways; 8, electro-motors; 9, electric light; 10, electrical chemistry; 11, electro-plating; 12, electrotypy; 13, medical electricity; 14, meteorologic electricity; 15 military electricity; 16, marine electricity; 17, miscellaneous applications; 18, bibliography.

OBITUARY.

DR. GEO. H. HUBBARD,

Of Lansingburg, New York, died January 19th, 1876, at the age of 53, from the effects of a fall, producing embolism. He was born in Bradford, New Hampshire, and studied medicine at the Vermont Medical College. He practiced his profession for several years in Manchester, N. H., where he was one of the most prominent men in that locality. On May 2d, 1861, he was appointed surgeon of the 2d New Hampshire volunteers. On September 30th, 1861, he was appointed brigade surgeon United States volunteers, in Burnside's division, army of the Potomac. During the war he held the following positions: Medical director for district of Northern Missouri; surgeon in charge of general hospital, Tipton, Tenn.; hospital surgeon, steamer Louisiana; chief surgeon third division West Tennessee; chief surgeon army of the sixth division of East Tennessee; chief surgeon United States general hospital, Paducah, Kentucky; medical director army of the frontier; medical director army of Arkansas; surgeon commanding United States general hospital, Troy, New York. He was in the following battles: Bull Run; Pittsburg Landing; Prairie Grove, Arkansas; Moscow, Arkansas; Prairie D. Ann, Arkansas; Junkin's Ferry, Arkansas. He was breveted Lieutenant-Colonel United States volunteers October 6th, 1865, and mustered out of the service October 13th, 1865. Since that date he has been practicing in and near Lansingburg. At one time, about 1850, he was editor of the New Hampshire *Journal of Medicine.*

MARRIAGES.

HUTTON—MONNIER.—In Guilford, Illinois, January 20th, 1876, by Rev. Benjamin Close, Wm. Hutton, M. D., of Highland, Wisconsin, and Miss Christene Monnier, of Guilford, Illinois.

PELTZ—MALCOM.—On Wednesday afternoon, Jan. 26th, 1876, at the Beth-Eden Baptist Church, by Rev. Howard Malcom, D. D., assisted by Rev. Thomas S. Malcom, Rev. Charles Howard Malcom, D. D., and Rev. J. Wheaton Smith, D. D., Dr. G. M. Dallas Peltz, of Philadelphia, and Miss Mary Carnahan Malcom of Germantown, granddaughter of the late William J. Vandyke, Esq., of Princeton, N. J.

TAYLOR—BULLUS.—At St. Stephen's Church, Twenty-eighth street, New York City, October 21st, 1875, by the Rev. Dr. McGlynn, Dr. Joseph Taylor, U. S. Navy, of Chester county, Pa., and Minnie M., youngest daughter of the late Commodore Oscar Bullus, U. S. Navy.

DEATHS.

FORDYCE.—On January 19th, 1876, at New Haven, New York, George Fordyce, of scarlet fever, only child of Dr. George G., and Ella M. Whitaker, aged 7 years and 10 months.

HARRIS.—On the 27th ult., Addie, daughter of Dr. B. Harris, of Yorkville, Illinois.

HETLICH.—In Cincinnati, Ohio, on Saturday, January 22d, at 12¼ P. M., after a long and painful illness, Mary A., beloved wife of Dr. C. F. Hetlich, aged 43 years, 4 months, and 22 days.

HOWELL.—At the residence of her son, Dr. J. H. Howell, in Brownsville, Tennessee, Mrs. Sarah J. Howell, January 9th, 1876.